## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

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SERIAL NO.	,		

FILING DATE

APPLICANT(S)

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TOTAL IND,	67	<b>4</b>				•
TOTAL DEP.	11	<b>4</b>		<b>4</b>	· · ·	<b>4</b>
TOTAL CLAIMS	16			2.0		

ND.   DEP.   ND.   DEP.   ND.   DEP.		AS FILED		AFTER 1" AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL CLAIMS			<b>(</b>		<b>ʹ</b> ₩		<b>4</b>
	TOTAL CLAIMS		Section 1		44		